

Nebraska System of Care Strategic Plan Overview

Overview

The Planning Process

Planning for Nebraska's System of Care involved a comprehensive, highly participatory statewide process, featuring youth, family members and system representatives. Planning centered around eleven (11) planning groups that were formed and facilitated beginning in December 2013 and extending through April 2014. These groups include 10 Core Strategy Teams and an overarching Project Management Team. All teams included system, youth and family partners working together.

The Core Strategy Teams (CSTs) were organized around content areas and the Project Management Team (PMT) was responsible for project oversight and development of this consolidated statewide plan based on recommendations from each of the other planning groups. While this participatory process was highly intensive in terms of complexity and overall level of effort, this model was chosen in order to promote wide-ranging participation and ownership of identified issues. The participatory planning process emphasized culturally and regionally relevant and sustainable strategies and engagement of local experts (including those with lived experience), resources and supports instead of reliance on centralized experts, resources or efforts that would have led to top-down, generic strategies.

The 10 CSTs were facilitated by planning Co-Chairs. The Co-Chairs for each CST included a system partner and a family partner who were recruited based on their experience with the topic area, systems and stakeholders involved in the planning process as well as their willingness to serve, in volunteer capacity, as facilitator. The CST structure resulted in 10 sets of content-specific recommendations for enhancing Systems of Care. The Project Management Team then reviewed, analyzed and consolidated these recommendations.

In addition, a series of youth forums were held across the state to bring youth voice to the planning process.

Population of Focus

The population of focus for Nebraska's System of Care (SOC) planning efforts is defined, inclusively, as: *Children and youth with serious emotional and behavioral health needs and their families across all of Nebraska's child-serving systems.*

Vision, Mission and Values

Vision

Nebraska's Vision describes our hopes and intentions for Systems of Care for children and youth and their families in the next three to five years – our Vision reminds us why this effort is important.

Vision: *Nebraska children, young adults and families of all cultures are able to access an integrated system of care that supports them to reach their full potential holistically (health, home, purpose and community) while in school, living in a home and community that supports strong family connections and in their transition to adulthood.*

Mission

The Mission of the Nebraska System of Care Partnership guides our efforts by describing (1) what the System of Care does; (2) who it does it for; and (3) how it does what it does.

Mission: *Nebraska's child and family serving systems of care will improve access to appropriate and timely community-based care that is family-driven and youth-guided, embodies the cultural and linguistic values of the individuals and families being served and improves their clinical, behavioral, social, and educational outcomes and eliminates fragmented approaches to meeting need. Child and family-serving systems will achieve this change through transparent system collaboration with partnerships and shared ownership involving individuals and families as full partners.*

Values

Our Values and Principles are the foundation for our System of Care; everything we do can be measured against these core values.

Values: *Youth guided; family driven; strength-based; individualized; culturally & linguistically competent; evidence-based; high quality; accessible; integrated; cost-effective; data informed.*

Organization of the Strategic Plan

Goals

The Project Management Team (PMT) considered all of the input from the CST planning process and identified 9 goals that will organize our plan to enhance systems of care for children, youth and their families across Nebraska:

1. Develop, implement and sustain system of care infrastructure, inclusive of policy, regulatory and financing, at regional, tribal and state levels.
2. Build a sustainable statewide infrastructure for a youth network and family network representative of the population of Nebraska to empower all youth and family voice, outreach, education, advocacy and leadership opportunities.
3. Ensure a full service array of culturally-based, research-based practices, featuring High Fidelity Wraparound principles/philosophy, is available to children and families across the state of Nebraska.
4. Integrate services for multi-system youth across all child-serving systems.

Nebraska System of Care Draft Overview 5.14.14

5. Build, or enhance, the community-based crisis continuum.
6. Build an integrated cross-system, collaborative prevention and early intervention system including physical and behavioral health, child welfare and education.
7. Develop policies that promote flexible funding through multiple strategies.
8. Promote and support Cultural and Linguistic Competence (CLC/CLAS) in all aspects of the system of care.
9. Implement a participatory continuous quality improvement (CQI) process in which all SOC plan goals and strategies are systematically monitored and changes are made as needed to improve outcomes.

Framework

Nebraska has adopted the overarching framework of five core areas of focus identified by Beth Stroul and Robert Friedman (2011)¹ as a way to organize the system of care strategic plan. Strategies to achieve each of the 9 goals are organized according to these 5 areas. They are:

1. Implementing Policy, Administrative, and Regulatory Changes
2. Developing Services and Supports based on the SOC Approach
3. Creating Financing Mechanisms
4. Providing Training, TA, and Coaching
5. Generating Support

Strategies

Nebraska is a diverse and complex state; the strategic plan reflects this diversity as many strategies and activities require state, regional and local level actions that need to be addressed. Like any strategic plan, it is a work in progress and subject to continuous review and improvement.

Key Elements of the Plan

Governance, Oversight and Accountability

Establish a governance structure to facilitate implementation and accountability. In order to ensure the best chance for implementation, a governance and oversight group will be established representing key systems (e.g., behavioral health, child welfare juvenile justice and education) and with authority to make decisions.

Establish regional, local and tribal governance. Recognizing that implementation must happen at the local, regional and tribal level, it is crucial to support implementation of local leadership teams including

¹ Stroul, B. A., & Friedman, R. M. (2011). Issue brief: Strategies for expanding the system of care approach. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

Nebraska System of Care Draft Overview 5.14.14

youth and family leaders, child-serving organizations along with system leaders, as the locus of accountability for SOC efforts.

Youth and Family Involvement and Leadership

Fund, expand and sustain youth and family networks and organizations across Nebraska. The planning process highlighted the critical importance of expanding, strengthening and sustaining a coalition of youth and family organizations and advocates across Nebraska.

Cross-system training. Expand training for youth and families to ensure that comprehensive, cross-system training is accessible in all regions of the state to give youth and families information and skills to fully participate in systems of care.

Financing Strategies

Understand funding streams. Identify opportunities within each system (federal, state, tribal and private partner) to using Medicaid and other resources to increase flexibility within funding streams in order to fund and sustain SOC, wraparound, youth and family development initiatives.

Understand expenditures and profiles of need. Implement a pilot project to understand and prioritize financial needs tracking high utilizers across systems.

Maximize flexibility through integration. Explore options for using cross-system braided funding approaches for flexible service funding.

Services and Supports

Identify and address barriers. Review policy and regulations to identify barriers to effective collaboration and/or development of a single services plan for youth and families across systems.

Systems guided by Wraparound principles. Incorporate Wraparound principles into expectations for service provision, including contractual language to promote accountability.

Access to High Fidelity Wraparound. Ensure that within each region/county/tribe there is access to Wraparound planning as well as access to person-centered planning, family-focused and evidence based services and supports.

Crisis continuum. Build a statewide crisis continuum that includes brief out-of-home options for children and youth in crisis such as crisis residential, respite, therapeutic foster care, and emergency shelter options. Also explore a dedicated on-call team serving children, youth and their families across systems.

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Workforce Development. Ensure cross-system competencies across relevant domains including trauma-informed, CLAS and family-driven care. Ensure cross-system statewide training in both High Fidelity Wraparound and Wraparound-informed care.

Integration across systems

Identify and address barriers. Review policy and regulations to identify barriers to effective cross-system collaboration and coordination in care planning and provision of services.

Coordinated access, screening and assessment. Explore options to identify and agree upon a shared screening and assessment framework (e.g., CANS) in the context of interagency coordinated funding. Identify opportunities to promote coordination and eliminate duplication of services and processes across systems.

Culturally and Linguistically Responsive Services and Systems

Formalize CLS / CLAS in policy. Develop policies, rules, procedures that support CLC, implement CLAS standards, and address disparities.

Workforce development. Implement statewide, cross-system training in CLC/CLAS and its relevance to disparities in outreach, access and outcomes among youth and families involved with the child-serving systems.

Culturally responsive care. Develop and build on standards and successful efforts to ensure that all plans developed with youth and families are individualized to their unique culture, beliefs and values.

Prevention and Early Intervention

Integration. Build an integrated prevention and early intervention system including physical and behavioral health, child welfare and education.

Training. Design, implement cross-system training in prevention and early intervention, emphasizing mental health promotion, resilience and trauma-informed practices.

Data-Informed Decision Making / Continuous Quality Improvement

Shared, cross-system screening and assessment. System partners will identify and agree upon a shared screening and assessment framework. (e.g., CANS) to support understanding of appropriateness of level of care determinations and service utilization.

Nebraska System of Care Draft Overview 5.14.14

Expand use of measurement to support decision-making. Identify opportunities to incorporate measurement and evaluation in all child-serving systems, provider contracts and state/regional processes including procurement, training, and implementation of services and supports.

Build local capacity. Support the formation of local continuous quality improvement (CQI) teams /workgroups and support training and TA as necessary.